AMERICA SPEAKS

Americans' Opinions on Teenage Pregnancy, Sex Education and Birth Control

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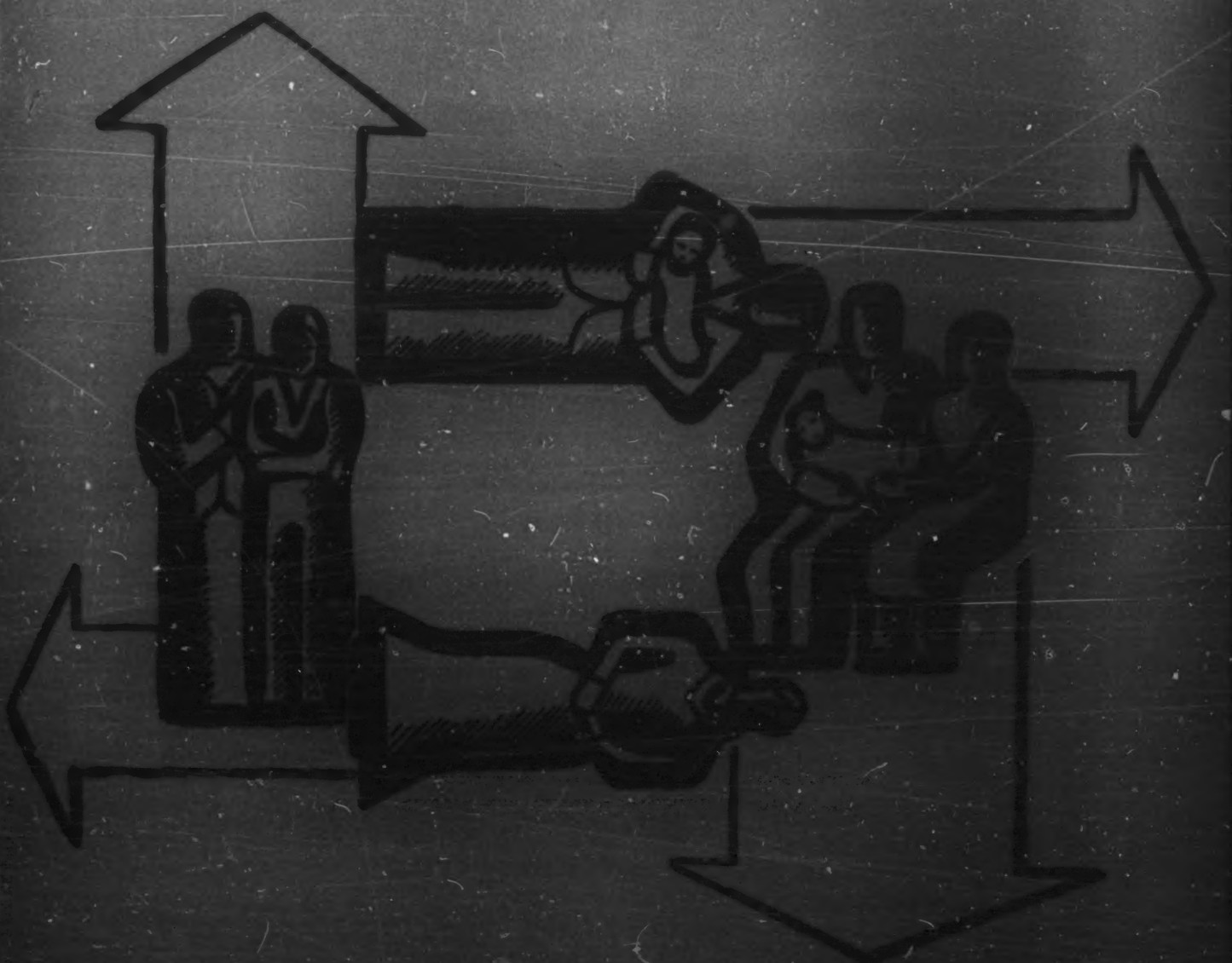

The Planned Parenthood Poll *by Louis Harris & Associates 1988*

Study No. 884004

PUBLIC ATTITUDES TOWARD TEENAGE PREGNANCY, SEX EDUCATION AND BIRTH CONTROL

Conducted for

Planned Parenthood Federation of America, Inc.

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INTRODUCTION

This report describes the findings of a national survey of American adults on the issues of teenage pregnancy, parental and school involvement in sex education, and birth control services and methods.

It is hoped that this survey will provide policy makers, family planning advocates, teachers and parents, as well as the general public, with sound information on which to base decision-making.

The survey was designed and conducted by Louis Harris and Associates, working under the sponsorship of the Planned Parenthood Federation of America. In May 1988, a total of 1,250 randomly selected adults were interviewed by telephone from the Harris firm's central survey facility located at Rockefeller Center in New York City. The data were weighted to bring the sample in line with the latest Census Bureau population estimates. The detailed survey methodology and a copy of the questionnaire are included as an appendix to this report.

Accuracy, Sampling Error, and Other Sources of Error

All surveys are subject to a variety of sources of error, and it is fashionable for the media to include in their reports of surveys such phrases as "This survey has a margin of +/- 3%." Unfortunately, this valiant attempt to educate readers is more likely to mislead them. Even a census is susceptible to several different sources of error, most of which cannot be accurately estimated.

Even the best designed surveys are liable to a variety of possible sources of error. The most important are:

- o Non-response (if those who are interviewed differ from those who are not interviewed).

- o Random or sampling error, which may in theory be substantial, even on very large surveys. Contrary to the impression given by the typical media caveat, there is no way to calculate the maximum possible error for any survey. All we deal in are probabilities.

- o Question wording, particularly where the survey is measuring an attitude or a future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Even in the best survey organizations, human errors can creep in that are virtually impossible to quantify. Such human errors include less than perfect interviewing and inappropriate weighting of the data.

The results of this survey, therefore, like the results of all surveys and all censuses, are susceptible to a variety of sources of error, some of which cannot be quantified. However, the results presented in this report do reflect the most reliable information available.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because

data from the survey will be released to the public, any release must stipulate that the complete report is available.

Project Responsibility

The director of this project at Louis Harris and Associates was Humphrey Taylor, President. The chief analyst was Xiaoyan Zhao, Ph.D., Research Associate. She worked under the supervision of Louis Genevie, Ph.D., Vice President and Division Head.

Louis Harris and Associates would like to thank Planned Parenthood for commissioning this research. Responsibility for topics, wording of questions, findings and their interpretation, however, rests solely with Louis Harris and Associates.

EXECUTIVE SUMMARY

An increasing majority of the public believes that teenage pregnancy presents a serious problem in the United States and that the problem is getting worse. However, the public believes that if parents and children talk openly about sexuality, there will be fewer unintended teenage pregnancies. Americans also think that open communication between adult sexual partners will help prevent unintended pregnancy and the spread of AIDS. Facing the threat of AIDS, Americans claim to be using condoms more frequently than other contraceptives. Most people would also like to see new birth control methods made available that would offer them more contraceptive choices.

Teenage Pregnancy, Parent-Child Communication, and School Sex Education

1. Americans are increasingly concerned about the problem of teenage pregnancy, although other data show that the rate of teenage pregnancy has actually remained stable over the past few years.*

   - o 95% of Americans say that teenage pregnancy is a serious problem in the country, up 11% from 1985.
   - o 62% believe that teenage pregnancy is getting worse.

2. Parents are talking with their children about sex more than they were three years ago.

   - o In 1985, only 33% of parents who talked with their children about sex included birth control in their conversations. In 1988, 62% of parents report having discussed the use of contraceptives with their teenage children and 61% have discussed abortion.
   - o Higher proportions of parents have talked about sex and pregnancy (84%), and about sex and infectious disease (81%) with their teenage children. One plausible explanation of the increase in parent-child discussion is the AIDS epidemic and the public education efforts of organizations like Planned Parenthood.

*Biostatistics of the United States, Vol. 1 Natality (1980-1986). National Center of Health Statistics.

However, there is still a minority of 14% of parents who do not talk with their children about sexuality at all.

3. The more at ease parents feel about discussing sexuality with their children, the more likely they are to report having talked about various topics of sexuality with their children.

- Parents who feel very comfortable talking about sex with children (78%) are more likely to have discussed with them the use of contraceptives than those who feel only somewhat comfortable (49%).

- While 78% of parents who feel very comfortable talking about sex with their children have discusssed abortion, only 41% of those saying they are less comfortable report discussing the subject.

- Although 78% of parents agree that comfortable discussion between parents and children about sex will reduce unintended teenage pregnancy, only 59% report feeling very comfortable in such discussion; 27% feel somewhat comfortable and 13% do not feel comfortable discussing sex with their children.

4. There is a growing national consensus on the need for sex education. Almost nine out of ten American adults endorse school sex education. This endorsement is more or less constant across various demographic groups, and among those who perceive teenage pregnancy as a serious problem and those who do not. In addition, eight out of ten adults favor school referrals of sexually active teenagers to outside family planning clinics; and slightly more than seven out of ten adults favor making contraceptives available in school clinics.

Communication Among Adults About Sex

1. By 73-25, the public believes that if people feel comfortable talking with each other about sex, they will be more likely to use contraceptives to prevent unintended pregnancy.

A somewhat larger majority (77%) says that people will be more likely to use condoms to prevent the spread of AIDS as a result of open discussion of sexuality.

- Blacks and people with less than a high school education are less likely to think that open discussion among adults about sex will increase the use of contraceptives in preventing unintended pregnancy or AIDS.

- Single people who have never been married are more likely than married people to see the positive role of open discussion about sex in preventing unintended pregnancy or AIDS.

However, single people are less comfortable talking about sex with their partners than married people.

- Eighty percent of married people say that they are very comfortable talking about sex with spouses/partners, compared to 65% of single people who were once married and 59% of those who have never been married.

2. American society shows more openness in adult communication about sex than in parent-child communication.

- Seventy-two percent of all adults report feeling very comfortable talking with their spouses or partners about sex, birth control, and abortion, compared to 59% of parents who say that they are very comfortable talking with their children about these topics.

Birth Control Services and Methods

1. Fifty-seven percent of American women aged 18-49 go to doctors' offices for birth control services. Seventeen percent use clinics. Twenty-nine percent of women aged 18-49 report that they do not use any services.

2. The rates of use of doctors' offices differ considerably among various demographic groups:

- Sixty percent of whites, compared to 44% of blacks and 45% of Hispanics;

- Sixty-three percent of college graduates, compared to 57% of high school graduates and 46% of people with less than a high school education;

- Sixty-two percent of married people and 46% of people who have never been married.

3. Minorities, single people, and less well-educated people turn to clinics for family planning services more than other demographic groups.

4. More Americans report using condoms than any other contraceptive method. Sixty-five percent of people who use contraceptives report that they have used condoms; 41% say they use condoms currently.

- While 29% of married people use condoms, the proportion rises to 43% of people who were once married, and 60% of those who have never been married.

Birth control pills are the second most widely used birth control method. Sixty-three percent of people who use contraceptives say that they have used pills and 37% say that they use them now.

Whereas 10% of people report having used the IUD, currently only 3% use it.

The average number of birth control methods women say they and their partners have ever used is 1.9.

5. The majority of Americans (58%) obtains contraceptives in drugstores;* a much lower 27% obtain them from doctors or through clinics.

6. Cost is a barrier for some people. About 9% of adults say that there have been times they did not use contraceptives either because they could not afford to buy them or could not afford to see a doctor for a prescription.

- This rate increases among: blacks (17%), Hispanics (15%), the 18-24 age group (16%), and people with less than a high school education (13%).

6. By 82-16, the public favors government spending on research and development of new birth control methods.

- Support for government spending on birth control research is higher among whites and college educated people.

*With or without prescription; the question did not differentiate.

- College educated people also tend to give more support to making a new European birth control method available in America; and women with college education are more willing to try this method than women with less education.

Abortion and the 1988 Election

1. More than half of all adult Americans know someone who has had an abortion. This is a small increase since 1985 (up from 49% to 53%).

2. Abortion is unlikely to be a significant factor in this year's election. Those who say they could not vote for a candidate who opposes legal abortion are equal in number to those who say they could not vote for a candidate who favors legal abortion.

CHAPTER 1: TEENAGE PREGNANCY PROBLEM IN AMERICA

Public awareness of and concern about teenage pregnancy has increased from the already high level of three years ago. Fully 95% of all adult Americans say that teenage pregnancy is a serious problem in the country, up 11% since the 1985 Planned Parenthood/Harris survey* (Table 1-1).

The National Center for Health Statistics estimates that the pregnancy rate among teenagers in the United States has remained stable since the early 1980's.** However, a 62-11 percent majority of Americans believe that the problem is getting worse (Table 1-2).

Some Demographic Differences

Table 1-1-A shows that in 1985, more women (88%) than men (80%) thought that teenage pregnancy was a serious problem in America; this difference has narrowed to a 96-93 percent margin in 1988.

The proportion reporting teenage pregnancy as a serious problem has risen 12% among whites, to 96% in the 1988 survey; 10% among Hispanics to 91%; but only 3% among blacks, from 87% in 1985 to 90% in 1988.

The increase in this proportion is bigger among Catholics (up 15%) than among Protestants (up 9%).

Adults who have been married but who are currently single are more likely (70%) to think teenage pregnancy is getting worse than married people (59%) or those who have never been married (61%).

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*Public Attitudes about Sex Education, Family Planning, and Abortion in the United States, (1985). Louis Harris and Associates, Inc.

**Biostatistics of the United States, Vol. 1 Natality (1980-1986). National Center of Health Statistics.

Observation:

There is often a time lag between an event and the public's perception of it. Although the actual teenage pregnancy rate has remained stable in the United States for some time, the majority of the public still thinks that it is getting worse. Of course, the problem remains a substantial one.

Q.23

Table 1-1

PERCENTAGE OF ADULTS WHO SAY TEENAGE PREGNANCY
IS A SERIOUS PROBLEM

Q.: Do you think that the number of teenage pregnancies in the United States is a serious problem or not a serious problem?

	1985	1988
Base	1253	1250
	%	%
Serious problem	84	95
Not so serious problem	11	4
Not sure	5	1

Q.23

Table 1-1-A

CHANGES IN PERCENT WHO SAY TEENAGE PREGNANCY
IS A SERIOUS PROBLEM FROM 1985 TO 1988

Q.: Do you think that the number of teenage pregnancies in the United States is a serious problem or not a serious problem?

	1985			1988		
	Base		Serious Problem	Base		Serious Problem
Total	1253	%	84	1250	%	95
Sex						
Male	614	%	80	599	%	93
Female	639	%	88	651	%	96
Race						
White	1073	%	84	1067	%	96
Black	100	%	87	111	%	90
Hispanic	80	%	81	72	%	91
Religion						
Protestant	748	%	86	712	%	95
Catholic	338	%	79	345	%	94

Q.24

Table 1-2

PERCEPTION OF CHANGES
IN TEENAGE PREGNANCY PROBLEM

Q.: Do you think the problem of teenage pregnancy is getting better, worse, or staying the same?

	Base	1250
		%
Better		11
Worse		62
The same		26
Not sure		2

Q.24

Table 1-2-A

PERCENT WHO SAY TEENAGE
PREGNANCY PROBLEM IS GETTING WORSE

Q.: Do you think the problem of teenage pregnancy is getting better, worse, or staying the same?

	Base		Getting Worse
Total	1250	%	62
Race			
White	1067	%	61
Black	111	%	60
Hispanic	72	%	66
Marital Status			
Married	739	%	59
Were married	234	%	70
Never married	272	%	61
Have Children aged 7-18			
Yes	355	%	60
No	895	%	62
Education			
Less than high school	166	%	65
High school graduate	451	%	60
Some college	315	%	61
Fours year college or more	314	%	61

CHAPTER 2: THE ROLE OF FAMILY IN SEX EDUCATION

The 1986 Planned Parenthood/Harris survey of American teenagers found that sexually active teenagers who had discussed sex, pregnancy, and contraception with their parents were more likely to use birth control.* Promoting parent-child communication about sex, therefore, has been a major strategy of Planned Parenthood to reduce unintended teenage pregnancy.

This year's survey found that 75% of American adults support parent-child communication, saying that unintended pregnancy is less likely if parents and their children are comfortable talking with each other about sex (Table 2-1).

Parent-Child Communication and Unintended Pregnancy

The survey revealed that blacks are somewhat less positive about the effect of parent-child communication than whites and Hispanics. Sixty-eight percent of blacks -- compared to 76% of whites and 73% of Hispanics -- say that children will be less likely to become or make somebody pregnant by mistake if parents and children feel comfortable talking with each other about sex. While more blacks (17%) than Hispanics (6%) say that such communication will make no difference, more Hispanics (18%) than blacks (11%) say that unintended pregnancy will be more likely as a result.

Adults with less than a high school education are less positive about parent-child communication than those with a higher level of education.

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*Americans Teens Speak: Sex, Myths, TV, and Birth Control (1986). Louis Harris and Associates.

Sixty-five percent of the former group say that unintended pregnancy will be less likely if parents and children feel comfortable talking about sex, compared to 79% of high school graduates, 80% of people with some college, and 77% of college graduates.

Observation:

It should be noted that none of these differences contradicts the overall finding that three-quarters of American adults believe that open discussion about sex between parents and children will reduce unintended teenage pregnancy.

While 78% of parents with children aged 7-18 agree that parent-child discussion about sex will reduce unintended teenage pregnancy, a somewhat lower 59% feel very comfortable talking with their children about sex, birth control and abortion. Twenty-seven percent feel somewhat comfortable, 7% feel not very comfortable and 6% feel not at all comfortable (Table 2-2).

By 20 percentage points, mothers (68%) are more likely to feel comfortable than fathers (48%) in talking with their children about such topics (Table 2-3). Hispanic parents are somewhat more likely to feel very comfortable than white or black parents (66% vs. 58% and 59%). Parents in the South are most likely to feel very comfortable (65%), compared to about 55% for the rest of the country.

Sex Education Topics Parents Have Talked About With Their Children

Although 59% of parents say they feel very comfortable talking about sex in general with their children, 84% report having talked about sex and pregnancy and 81% report having talked about sex and infectious disease with their eldest child under 18 (Table 2-4). Parents are less likely to have discussed the use of contraceptives (62%), and abortion (61%). The topic most talked about is love, responsibility and commitment (88%), and the least talked about topic is what children do when they go out with dates.

Observations:

1. The 1985 Planned Parenthood/Harris poll revealed that talking with children about sex in general does not necessarily mean that parents talk with them about birth control. Only 33% of parents who talked with their children about sex said birth control was included in their conversations. This discrepancy has been narrowed considerably, but still exists. Eighty-four percent of parents have talked to their children about sex and pregnancy, but only 62% have discussed the use of contraceptives.

2. While there are several methodological reasons why the 1985 and the 1988 data on the issue are not strictly comparable, it does appear that many more parents are talking with their children about birth control in 1988 than were doing so three years earlier.

3. There appears to be a solid minority of 14% of parents who do not talk with their children at all about sexuality.

Child's Age and Topics Discussed

As Table 2-5 shows, about 70% of parents have talked with their children aged 11-12 about sex and pregnancy or sex and infectious disease. The proportions rise sharply to about 86% of parents with children aged 13-14, then remain at this plateau for parents with older children.

Regarding the use of contraceptives, the proportion rises sharply at a different age-break: whereas 41% of parents with children aged 11-12 and 51% of parents with children aged 13-14 have talked about this issue, the proportion increases to 72% of parents with children aged 15-16 and 77% of those with children aged 17-18.

The proportion of parents who have talked about abortion with their children shows a more gradual increase over the four age groups, yet it also plateaus after the child reaches 15-16.

Observation:

Parents introduce their children at an earlier age to general topics of pregnancy and sexually transmitted disease than to (possibly more sensitive) topics, such as the use of contraceptives and abortion.

Psychological Factors Affecting Parent-Child Discussion

Among those who feel very comfortable talking with their children about sex, 94% have discussed sex and pregnancy and 95% have discussed sex and infectious disease. The proportions decline among people who feel only somewhat comfortable talking with their children about sex: 81% of them have discussed sex and pregnancy and 73% have discussed sex and infectious disease.

Parents who believe open discussion will make unintended teenage pregnancy less likely to happen tend to discuss sex and pregnancy more (87%) than those who think such discussion will make no difference (78%). The same pattern holds true with the topic of sex and infectious disease: 84% of the former group, compared to 77% of the latter, have talked about it with their children.

Parents who feel very comfortable talking about sex with children are more likely to have discussed with them the use of contraceptives than those who feel only somewhat comfortable (78% vs. 48%). The difference between these two groups is also very substantial (78% vs. 41%) in regard to discussion of abortion.

Q.16

Table 2-1

PERCENT WHO SAY TEENAGE PREGNANCY WILL BE LESS LIKELY IF PARENTS AND THEIR CHILDREN ARE COMFORTABLE TALKING WITH EACH OTHER ABOUT SEX

Q.: If parents and their children are comfortable talking to each other about sex, do you think the children will be more likely to become or make somebody pregnant by mistake, less likely, or will it make no difference?

	Base		More Likely	Less Likely	It Will Make No Difference
Total	1250	%	8	75	14
Race					
White	1067	%	7	76	14
Black	111	%	11	68	17
Hispanic	72	%	18	73	6
Education					
Less than high school	166	%	15	65	17
High school graduate	451	%	7	79	12
Some college	315	%	4	80	14
Four year college or more	314	%	7	77	12
Have or Do Not Have Children Aged 7-18					
Yes	355	%	10	78	11
No	895	%	8	74	15
Religion					
Protestant	712	%	8	77	12
Catholic	343	%	7	73	17
Evangelical Christian*	142	%	6	79	11

*Evangelical Christian is defined as a Protestant who "belongs to" or "attends in person" an evangelical church.

Q.19

Table 2-2

HOW PARENTS FEEL TALKING WITH CHILD ABOUT SEX, BIRTH CONTROL AND ABORTION

Base: People who have children aged 7-18

Q.: In general, how comfortable do you feel talking with your (child/children) about sex, birth control, and abortion -- very comfortable, somewhat comfortable, not very comfortable, or not at all comfortable?

	Base 355 %
Very comfortable	59
Somewhat comfortable	27
Not very comfortable	7
Not at all comfortable	6

Q.19

Table 2-3

PERCENT WHO FEEL COMFORTABLE TALKING WITH CHILD
ABOUT SEX, BIRTH CONTROL AND ABORTION

Base: People who have children aged 7-18

Q.: In general, how comfortable do you feel talking with your (child/children) about sex, birth control, and abortion -- very comfortable, somewhat comfortable, not very comfortable, or not at all comfortable?

	Base		Very Comfortable
Total	355	%	59
Sex			
Male	162	%	48
Female	193	%	68
Race			
White	290	%	58
Black	34	%	59
Hispanic	31	%	66
Education			
Less than high school	49	%	51
High school graduate	128	%	60
Some college	94	%	61
Four year college or more	84	%	64
Religion			
Protestant	200	%	60
Catholic	100	%	56
Region			
East	71	%	55
South	127	%	65
Midwest	88	%	55
West	69	%	56
Likelihood of Unintended Teenage Pregnancy If Parents and Children Feel Comfortable Talking About Sex			
Less likely	262	%	60
More likely/will make no difference	68	%	50

Q.22

Table 2-4

TOPICS TALKED ABOUT WITH ELDEST CHILD UNDER 18

Base: People who have children aged 11-18

Q.: Have you ever talked with your eldest child under 18 about each of the following topics?

Base: 253		Yes	No	Not Applicable/ Not Sure
Love, responsibility and commitment	%	88	10	2
Sex and pregnancy	%	84	14	2
Sex and infectious disease	%	81	16	3
The use of contraceptives	%	62	35	3
Abortion	%	61	37	2
What he/she does when going out with a date	%	58	25	17

Q.22

Table 2-5

PERCENT OF THOSE WHO HAVE TALKED ABOUT
VARIOUS TOPICS WITH THEIR ELDEST CHILD UNDER 18

Base: People who have children 11-18

Q.: Have you ever talked with your eldest child under 18 about each of the following topics?

	Base		Percent Who Said Yes: Love, Responsibility and Commitment	Sex and Pregnancy	Sex and Infectious Disease	The Use of Contraceptives	Abortion	What He/She Does On a Date
Total	253	%	88	84	81	62	61	58
Feeling Comfortable Talking With Child About Sex								
Very comfortable	139	%	94	94	95	78	78	64
Somewhat comfortable	69	%	85	81	73	49	41	50
Not very/not at all comfortable	25*	%	65	41	29	11	22	46
Perceived Likelihood of Unintended Teenage Pregnancy if Parents and Children Feel Uncomfortable Talking About Sex								
More likely	22*	%	88	69	61	27	42	35
Less likely	182	%	92	87	84	66	65	61
Will make no difference	28*	%	64	78	77	57	49	56
Child's Age								
11-12	55	%	75	70	71	41	46	26
13-14	62	%	89	87	86	51	58	52
15-16	63	%	94	85	81	72	69	70
17-18	73	%	92	90	84	77	67	76

*Caution -- small base.

CHAPTER 3: SEX EDUCATION IN SCHOOLS

There is a growing consensus on the need for sex education. The 1985 Planned Parenthood/Harris study found that the majority (85%) supports sex education in the schools: 64% of adults agreed strongly and 21% agreed somewhat that sex education should be taught in schools. The 1988 survey found that this support has increased slightly to 89% (Table 3-1).

While in 1985 67% of adults favored establishing links between schools and family planning clinics, in 1988 fully 80% favor allowing school health clinics to refer sexually active students to outside family planning clinics (Table 3-4). Seventy-three percent of adults in the current survey favor making birth control information and contraceptives available in school health clinics (Table 3-3).

Support for School Sex Education

The percentage (89%) who favor sex education in the schools is higher among college graduates (94%) and people who have never been married (94%). Whites and all ethnic groups strongly endorse sex education. People who perceive American teenage pregnancy as a serious problem and those who do not support sex education equally.

Opposition to sex education is higher among Republicans (13%), evangelical Christians (16%), and parents who do not feel comfortable talking with their children about sex (21%).

Support for School Clinics' Provision of
Birth Control Information and Contraceptives

While the majority (73%) supports making birth control information and contraceptives available in school health clinics, support is again higher among those with some college (80%), those with four-year college degrees (78%), people who have never been married (86%), and Democrats (77%).

Opposition to making birth control information and contraceptives available in school clinics is higher among whites (26%) and Hispanics (24%) than among blacks (11%), although large majorities of all three groups favor these services.

Opposition is also higher among evangelical Christians (30%), and parents who do not feel comfortable talking with their children about sex (32%).

Support for School Clinic Referrals of
Sexually Active Students to Outside Family Planning Clinics

The public supports school clinic referrals of sexually active students to outside family planning clinics by a larger margin (80%-18%) than it supports making birth control information and contraceptives available at school (73%-25%).

Those who think U.S. teenage pregnancy is a serious problem tend to favor school clinic referrals of sexually active students to outside clinics more than those who do not think it is a serious problem (80% vs. 74%). Support is also stronger among parents with children aged 7-18 (84%) than among adults without children in this age group (78%).

Q.30

Table 3-1

FAVOR OR OPPOSE SCHOOL PRACTICES OF SEX EDUCATION
AND BIRTH CONTROL SERVICES

Q.: Do you favor or oppose each of the following practices in public schools?

Base: 1250		Favor	Oppose
Teaching sex education	%	89	10
Allowing school health clinics to refer sexually active students to outside family planning clinics	%	80	18
Making birth control information and contraceptives available in school health clinics	%	73	25

Q.30(a) Table 3-2

PERCENT WHO FAVOR TEACHING SEX EDUCATION

Q.: Do you favor or oppose each of the following practices in public schools ... Teaching sex education?

	Base		Favor	Oppose
Total	1250	%	89	10
Race				
White	1067	%	88	11
Black	111	%	92	7
Hispanic	72	%	90	8
Education				
Less than high school	166	%	80	17
High school graduate	451	%	90	9
Some college	315	%	92	7
Four year college or more	314	%	94	6
Marital Status				
Married	739	%	87	11
Were married	234	%	86	12
Have never been married	272	%	94	6
Party Affiliation				
Republican	427	%	86	13
Democrat	507	%	90	9
Independent	279	%	91	7
Religion				
Protestant	712	%	88	11
Catholic	343	%	88	10
Evangelical Christian	142	%	84	16
Feel Comfortable Talking With Child About Sex				
Very comfortable	214	%	92	7
Somewhat comfortable	98	%	90	10
Not very/not at all comfortable	36	%	79	21
Perceived Likelihood of Unintended Teenage Pregnancy If Parents and Children Feel Comfortable Talking About Sex				
More likely	90	%	85	13
Less likely	964	%	90	9
Will make no difference	162	%	85	13
Perception of Teenage Pregnancies as a Serious Problem				
Serious problem	1186	%	89	10
Not serious problem	49	%	88	10

Q.30(b)

Table 3-3

PERCENT WHO FAVOR MAKING BIRTH CONTROL INFORMATION AND CONTRACEPTIVES AVAILABLE IN SCHOOL HEALTH CLINICS

Q.: Do you favor or oppose each of the following practices in public schools ... Making birth control information and contraceptives available in school health clinics?

	Base		Favor	Oppose
Total	1250	%	73	25
Race				
White	1067	%	71	26
Black	111	%	88	11
Hispanic	72	%	73	24
Education				
Less than high school	166	%	65	32
High school graduate	451	%	72	24
Some college	315	%	80	18
Four year college or more	314	%	78	22
Marital Status				
Married	739	%	68	28
Were married	234	%	70	27
Have never been married	272	%	86	14
Party Affiliation				
Republican	427	%	70	28
Democrat	507	%	77	21
Independent	279	%	70	25
Religion				
Protestant	712	%	72	26
Catholic	343	%	69	27
Evangelical Christian	142	%	69	30
Feel Comfortable Talking With Child About Sex				
Very comfortable	214	%	74	24
Somewhat comfortable	98	%	74	25
Not very/not at all comfortable	36	%	68	32
Perceived Likelihood of Unintended Teenage Pregnancy If Parents and Children Feel Comfortable Talking About Sex				
More likely	90	%	77	19
Less likely	964	%	73	25
Will make no difference	162	%	73	26
Perception of Teenage Pregnancies as a Serious Problem				
Serious problem	1186	%	73	25
Not serious problem	49	%	74	26

Q.30(c)

Table 3-4

PERCENT WHO FAVOR ALLOWING SCHOOL CLINIC REFERRALS
OF SEXUALLY ACTIVE STUDENTS TO OUTSIDE FAMILY PLANNING CLINICS

Q.: Do you favor or oppose each of the following practices in public schools ... Allowing school health clinics to refer sexually active students to outside family planning clinics?

	Base		Favor	Oppose
Total	1250	%	80	18
Race				
White	1067	%	81	17
Black	111	%	75	22
Hispanic	72	%	73	23
Education				
Less than high school	166	%	71	22
High school graduate	451	%	81	18
Some college	315	%	86	13
Four year college or more	314	%	82	16
Marital Status				
Married	739	%	78	20
Were married	234	%	79	16
Have never been married	272	%	86	14
Party Affiliation				
Republican	427	%	76	22
Democrat	507	%	81	15
Independent	279	%	82	17
Religion				
Protestant	712	%	78	19
Catholic	343	%	79	18
Evangelical Christian	142	%	76	22
Feel Comfortable Talking With Child About Sex				
Very comfortable	214	%	83	15
Somewhat comfortable	98	%	84	15
Not very/not at all comfortable	36	%	82	14

(Continued)

Q.30(c)

Table 3-4 (Continued)

PERCENT WHO FAVOR ALLOWING SCHOOL CLINIC REFERRALS
OF SEXUALLY ACTIVE STUDENTS TO OUTSIDE FAMILY PLANNING CLINICS

	Base		Favor	Oppose
Total	1250	%	80	18
Have or Do Not Have Children Aged 7-18				
Yes	355	%	84	15
No	895	%	78	19
Perceived Likelihood of Unintended Teenage Pregnancy If Parents and Children Feel Comfortable Talking About Sex				
More likely	90	%	83	13
Less likely	964	%	80	18
Will make no difference	162	%	74	19
Perception of Teenage Pregnancies as a Serious Problem				
Serious problem	1186	%	80	17
Not serious problem	49	%	74	26

CHAPTER 4: COMMUNICATION AMONG ADULTS ABOUT SEX

Chapter 2 reported the widely held view that unintended teenage pregnancy could be reduced if parents felt comfortable talking with their children about sex. The public also believes that unintended pregnancy in general could be reduced if adults were more comfortable talking with each other about sex: 73% of Americans think that people will be more likely to use contraceptives to prevent unintended pregnancies, and 77% of Americans say that people will be more likely to use condoms to prevent the spread of AIDS, if they feel comfortable talking about sex (Table 4-1).

Consequences of Adult Communication About Sex

The proportion saying that if people are comfortable talking about sex they are more likely to use contraceptives to prevent unintended pregnancy is lower among blacks (66%), people who were once married (67%), and people with less than a high school education (Table 4-2). The proportion saying people are more likely to use condoms to prevent AIDS as a result of feeling comfortable talking about sex is again lower among blacks (72%), people who were once married (71%), and people with less than a high school degree.

Differences in Perceived Consequences of Adult Communication About Sex, By Marital Status

Single people who have never been married are the most likely to say that if people are comfortable talking about sex there will be more contraceptive use (80%), compared to 72% among married people and 67% among single people who were once married.

Similarly, 83% of the people who have never been married think if people are comfortable talking about sex they will be more likely to use condoms to prevent AIDS. The proportion drops to 77% among married people, and 71% among single people who were once married.

Observations:

1. Single people are more at risk than married couples of becoming infected with the AIDS virus because they are more likely to have multiple sexual partners, and/or to have partners whose sexual behavior they do not know about. This fact may explain why single people who have never been married are more likely than married people to say that open discussion and the use of contraceptives go hand in hand to prevent the spread of AIDS. However, a recent study (Cochran and Mays)*, reported that men frequently lie to their female partners about their sexual past.

2. It should be noted that single people who were once married are the least likely to agree that talking about sex leads to more use of condoms to prevent AIDS. This group is just as vulnerable to acquiring AIDS as the never-married group, yet 29% of them do not think open discussion about sex will help prevent the spread of AIDS.

Degree of Comfortableness in Discussing Sex With Spouses or Partners

While 59% of parents with children aged 7-18 feel very comfortable talking with their children about sex, birth control and abortion (see Table 2-2), 72% of adults feel very comfortable talking with their spouses or partners about these topics (Table 4-3). Only 6% of adults do not feel comfortable talking with their spouses or partners, compared to 13% of parents who do not feel comfortable talking with their children.

Those who feel very comfortable discussing sexuality with their spouses are also more likely to feel very comfortable discussing it with their children: 69% of those who are very comfortable talking with their spouses

*"Lies Men Tell Put Women in Danger of AIDS." New York Times, August 14, 1988.

say that they are very comfortable talking with their children about sex, birth control, and abortion (Table 4-4). However, 22% say that they are only somewhat comfortable talking with their children and 8% are not comfortable talking with their children about sex even when they feel very comfortable talking with their spouse/partner.

Observation:

Openness in discussing sex with one's spouse/partner is related to openness in discussion with one's children. However, American society shows more openness in adult communication about sex than in parent-child communication, although equally large proportions of the public believe in the benefits of parent-child communication and adult communication about sexuality.

Men and women are equally comfortable talking to their spouse/partner about sex (although Chapter 2 showed that mothers feel more comfortable than fathers in discussing sex-related topics with their children).

- Married people are more likely to say that they are very comfortable talking about sex with their spouse/partner (80%) than single people who were once married (65%) or single people who were never married (59%).

The proportion who say they are very comfortable in such discussion rises among people who believe such discussion will result in more contraceptive use to prevent unintended pregnancy (78%), and among those who believe there will be more condom use to prevent AIDS (74%).

Q.14, Q.15

Table 4-1

PERCEIVED CONSEQUENCES REGARDING UNWANTED PREGNANCIES AND AIDS IF PEOPLE FEEL COMFORTABLE TALKING ABOUT SEX

Q.: If people are comfortable talking to each other about sex, do you think they are more likely or less likely to use contraceptives to prevent unintended pregnancies or will it make no difference?

Q.: If people are comfortable talking to each other about sex, do you think they are more likely to use condoms to prevent the spread of AIDS?

	Use Contraceptives to Prevent Unintended Pregnancies	Use Condoms to Prevent the Spread of AIDS
Base	1188	1250
	%	%
More likely	73	77
Less likely	2	3
It will make no difference	23	16
Not sure	3	3

Q.14, Q.15

Table 4-2

PERCENT WHO SAY PEOPLE WILL BE MORE LIKELY TO USE CONTRACEPTIVES TO PREVENT UNWANTED PREGNANCY OR TO PREVENT THE SPREAD OF AIDS IF THEY ARE COMFORTABLE TALKING ABOUT SEX

Q.: If people are comfortable talking to each other about sex, do you think they are more likely or less likely to use contraceptives to prevent unintended pregnancies or will it make no difference?

Q.: If people are comfortable talking to each other about sex, do you think they are more likely to use condoms to prevent the spread of AIDS?

	Base		More Likely to Use Contraceptives to Prevent Unintended Pregnancy	More Likely to Use Condoms to Prevent the Spread of AIDS
Total	1188	%	73	77
Sex				
Male	581	%	70	75
Female	607	%	76	79
Race				
White	1010	%	74	78
Black	106	%	66	72
Hispanic	72	%	69	74
Marital Status				
Married	737	%	72	77
Were married	192	%	67	71
Never married	256	%	80	83
Education				
Less than high school	156	%	65	71
High school graduate	425	%	72	78
Some college	303	%	79	80
Four year college or more	300	%	80	82
Religion				
Protestant	678	%	75	79
Catholic	328	%	70	73
Evangelical Christian	135	%	77	85

Q.13

Table 4-3

HOW ADULTS FEEL DISCUSSING SEX, BIRTH CONTROL,
OR ABORTION WITH THEIR SPOUSES OR PARTNERS

Q.: How comfortable do you feel discussing sex, birth control, or abortion with your spouse or partner -- very comfortable, somewhat comfortable, not very comfortable, or not very comfortable at all?

Base	1250
	%
Very comfortable	72
Somewhat comfortable	17
Not very comfortable	3
Not at all comfortable	3
Not applicable/not sure	6

Q.13, Q.19

Table 4-4

RELATIONSHIP BETWEEN FEELING COMFORTABLE TALKING ABOUT SEX WITH SPOUSE AND FEELING COMFORTABLE TALKING ABOUT SEX WITH CHILD

Q.: How comfortable do you feel discussing sex, birth control, or abortion with your spouse or partner -- very comfortable, somewhat comfortable, not very comfortable, or not very comfortable at all?

Q.: In general, how comfortable do you feel talking with your (CHILD/CHILDREN) about sex, birth control, and abortion?

			Talking With Child		
	Base		Very Comfortable	Somewhat Comfortable	Not Very or Not at All Comfortable
Total	355	%	59	27	13
Talking With Spouse					
Very comfortable	281	%	69	22	8
Somewhat comfortable	56	%	21	55	22
Not very/not at all comfortable	14*	%	48	7	45

*Caution -- small base.

Q.13

Table 4-5

PERCENT WHO FEEL VERY COMFORTABLE DISCUSSING SEX,
BIRTH CONTROL, OR ABORTION WITH THEIR SPOUSES OR PARTNERS

Q.: How comfortable do you feel discussing sex, birth control, or abortion with your spouse or partner -- very comfortable, somewhat comfortable, not very comfortable, or not very comfortable at all?

	Base		Very Comfortable
Total	1250	%	72
Sex			
Male	599	%	71
Female	651	%	72
Race			
White	1067	%	71
Black	111	%	75
Hispanic	72	%	77
Education			
Less than high school	166	%	67
High school graduate	451	%	70
Some college	315	%	75
Four year college or more	314	%	80
Marital Status			
Married	739	%	80
Were married	234	%	65
Have never been married	272	%	59
Religion			
Protestant	712	%	73
Catholic	343	%	68
Evangelical Christian	142	%	78
Likelihood to Prevent Unintended Pregnancies If People Are Comfortable Talking About Sex			
More likely	894	%	78
Less likely	22	%	57
Makes no difference	245	%	71
Likelihood to Prevent AIDS Spreading If People Are Comfortable Talking About Sex			
More likely	894	%	74
Less likely	36	%	69
Makes no difference	195	%	69

CHAPTER 5: BIRTH CONTROL SERVICES AND METHODS

American women have more unplanned pregnancies and more abortions than women in other developed countries, according to a recent Alan Guttmacher Institute study.* The same study also revealed that there are fewer unplanned pregnancies and fewer abortions in countries where a wide variety of contraceptives is available and family planning services are accessible. This chapter examines the family planning services and contraceptives Americans use, the affordability of these services and methods, and American women's desire for new birth control methods.

Providers of Birth Control Services

When asked what kind of birth control services they use, 29% of women aged 18-49 report that they do not use any services (Table 5-1). There is little difference in this proportion among various demographic groups, except among blacks where it is lower (21%).

On the average, 57% of American women aged 18-49 report using private doctors for birth control services. Most likely to use private doctors are:

- Whites (60%), compared to 44% of blacks and 45% of Hispanics.
- College graduates (63%), compared to 46% of people with less than a high school education.
- Married people (62%), compared to 46% of people who have never been married.

*Jones, E., et al. (1988) "Unintended Pregnancy, Contraceptive Practice and Family Planning Services in Developed Countries." Family Planning Perspectives, 20, 53-67.

In contrast, the rate of clinic use is higher among: blacks (35%), Hispanics (28%), people with less than a high school degree (30%), and those who have never been married (26%), compared to an average of 17% for American women as a whole.

Insurance Coverage of Birth Control and Abortion

Only one in four Americans who have health insurance says that his or her insurance covers birth control (Table 5-2). Four out of ten report that their insurance does not cover birth control and another three out of ten do not know.

Almost half of those who have health insurance (47%) say that their insurance does not cover abortion; another 45% do not know if abortion is covered. Only 8% say that their insurance covers abortion.

Observation:

> At the time of this writing, we do not know the actual extent to which different kinds of insurance plans cover abortion in different states. But the survey found that approximately 9 out of 10 Americans either are not aware of, or do not have, insurance benefits that cover abortion despite the fact that abortion is the leading surgical procedure with 1.5 million preformed yearly.

Among users of different medical insurance plans, those coverd by Medicaid report in the largest proportion (12%) that their plan covers abortions (Table 5-3). Also, more Medicaid users (40%) report that their plan covers birth control.

Minorities are more likely than whites to say that their insurance plans cover birth control: 29% of blacks and 34% of Hispanics say so, compared to 22% of whites (Table 5-4). Fourteen percent of blacks and 18% of Hispanics

report that their plans pay for abortions; that proportion drops to 7% for whites.

Both the proportion of people who believe they are covered for abortion, and the proportion of people who believe they are covered for birth control are lower among people with no high school education, those who have never been married, and those living in small towns and rural areas.

Forms of Birth Control Used

Of all sexually active people who use some form of birth control, 65% report having used condoms; 63% have used birth control pills; 10% have used the IUD; and 12% report that either they or their partners have been sterilized. Thirty-seven percent report having used the diaphragm, sponge or contraceptive foam while 13% have used rhythm or withdrawal methods for birth control purposes (Table 5-5). The average number of birth control methods women say they and their partners have ever used is 1.9.

Currently, condoms are the most widely used contraceptive (41%) because of higher usage by single people. Condom use is highest among the young, aged 18-24 (46%), but the difference between different age groups is at most 11%. While 29% of married people use condoms, the proportion rises to 43% of people who were once married, and 60% of those who have never been married (Table 5-6).

Birth control pills are the second most widely used method of contraception (37% in Table 5-6). Currently only 3% of people use the IUD. The proportion using rhythm or withdrawal is 4%.

The rate of continued use is similar for condoms and for the pill: 60% of those who have used condoms are still using them and 58% of those who have used the pill are using it now (Table 5-7). However, more users of other methods (IUD, foam, diaphram or sponge) are now using condoms than are using the pill. For example, 20% of the people who have used an IUD

are using the pill, whereas 33% of the people who have used an IUD are now using condoms. The rate of continued use is relatively low for the IUD: only 28% of those who have used an IUD are using it currently.

Observation:

An Alan Guttmacher Institute study* reported that in 1987 condoms were the second most used contraceptives for American women aged 15-44, after the birth control pill (among non-permanent birth control methods). The current survey found that adult men and women who use some form of bith control report that condoms are the most widely used contraceptives, with pills ranked second.** The growth of condom use, especially among single people, is probably due, at least in part, to increasing public awareness of the threat of AIDS.

Fifty-seven percent of Americans go to private doctors and 17% go to clinics for birth control services (see Table 5-1). But to obtain contraceptives, fewer (23%) go to doctors and only 4% go to clinics (Table 5-8). Most people (58%) obtain contraceptives in drugstores.*** This proportion is highest among people who have never been married (67%).

About 9% of adults say that there have been times they did not use contraceptives either because they could not afford to buy them or could not afford to see a doctor for a prescription (Table 5-9). This rate increases among certain demographic groups including: blacks (17%), Hispanics (15%), the 18-24 age group (16%), and people with less than a high school education (13%).

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*Forrest, J.D. and R.R. Rordyce (1988). "U.S. Women's Contraceptive Attitudes and Practices". Family Planning Perspectives, 20:3, 112-118.

**The difference in the composition of the respondents in the two studies may have contributed to the discrepancy.

Since the Planned Parenthood/Harris survey question is asked of people who are sexually active and use some form of birth control, it is possible that people who are sterilized did not consider sterilization a form of birth control, and thus did not answer this question. This would explain the somewhat low rate of sterilization reported here compared to other surveys.

***With or without prescription. The question did not differentiate.

Support for New Birth Control Methods

By 82%-16%, the public favors government spending on research and development of new and improved birth control methods (Table 5-10). This support is higher among whites, college-educated people, those under the age of 30, and those who have never been married.

The survey also asked about whether a European-developed birth control pill, which can terminate an unintended pregnancy in its first few weeks, should be made available in the United States. By a narrower but decisive margin (59%-33%), the public thinks it should be made available (Table 5-11). Men, those with a college education, and single people are more likely to support making such methods available, as are people in cities, in the East and in the South.

More than a third of all women say they would be willing to try this new form of birth control (Table 5-12). Willingness is higher among women with a college education and women who are not currently married.

Q.44a

Table 5-1

PROVIDERS OF BIRTH CONTROL SERVICES

Base: Women aged 18-49

Q.: At present, which of the following provides you with birth control services?

	Base		Doctors	Private Clinics	Hospitals	Nobody/I Don't Use
Total	424	%	57	17	3	29
Race						
White	345	%	60	13	2	30
Black	47	%	44	35	6	21
Hispanic	32	%	45	28	7	31
Education						
Less than high school	45	%	46	30	5	28
High school graduate	168	%	57	16	2	30
Some college	114	%	62	9	3	27
Four year college or more	95	%	63	10	1	27
Marital Status						
Married	247	%	62	11	2	27
Were married	67	%	56	19	6	32
Have never been married	108	%	46	26	3	31

Q.46, Q.47

Table 5-2

KNOWLEDGE OF INSURANCE COVERAGE
OF BIRTH CONTROL AND ABORTION

Base: People who have health insurance

Q.: Does your insurance cover birth control, or not?

Q.: Does your insurance pay for abortions, or not?

	Birth Control	Abortions
Base	1182	1182
	%	%
Yes	24	8
No	42	47
Don't know	34	45

Q.45, Q.46, Q.47

Table 5-3

KNOWLEDGE OF BIRTH CONTROL AND ABORTION
COVERAGE BY VARIOUS INSURANCE PLANS

Base: People who have health insurance

Q.: Now a question about different kinds of health plans or health insurance, including those provided by the government. As I read each of the following health plans, please tell me whether or not you are covered by (READ EACH ITEM)?

Q.: Does your insurance cover birth control, or not?

Q.: Does your insurance pay for abortions, or not?

	Base		Yes, Covers Birth Control	Yes, Pays for Abortions
Total	1182	%	24	8
Insurance Plans				
Through work or someone else's work or union	923	%	25	9
Bought directly by yourself or your family	606	%	21	6
Medicare	224	%	14	3
Medicaid, or Public Aid	107	%	40	12
Through some other group	337	%	24	9

Q.46, Q.47

Table 5-4

PERCENT WHO SAY INSURANCE COVERS
BIRTH CONTROL AND ABORTIONS

Base: People who have health insurance

Q.: Does your insurance cover birth control, or not?

Q.: Does your insurance pay for abortions, or not?

	Base		Yes, Covers Birth Control	Yes, Pays for Abortions
Total	1182	%	24	8
Race				
White	1013	%	22	7
Black	105	%	29	14
Hispanic	64	%	34	18
Education				
Less than high school	149	%	20	4
High school graduate	421	%	25	8
Some college	300	%	23	9
Four year college or more	308	%	27	15
Marital Status				
Married	717	%	26	9
Were married	216	%	24	9
Have never been married	245	%	18	6
Region				
East	300	%	18	9
South	353	%	27	8
Midwest	303	%	19	5
West	226	%	32	13
Size of Place				
Central city	354	%	26	11
Rest of metropolitan area	547	%	26	9
Outside of metropolitan area	281	%	17	4

Q.52a

Table 5-5

FORMS OF BIRTH CONTROL EVER USED

Base: People who are sexually active and use some form of birth control

Q.: What form or forms of birth control have you and your partner ever used?

		Age				Marital Status		
Base	Total 493 %	18-24 Years 118 %	25-29 Years 107 %	30-49 Years 241 %	50-64 Years 21 %	Married 273 %	Were Married 54 %	Have Never Been Married 164 %
Pill	63	65	66	64	44	67	69	56
IUD	10	3	8	13	29	11	11	7
Diaphragm or sponge	19	10	19	24	45	23	19	14
Contraceptive foam	18	14	15	23	31	23	16	13
Condom	65	67	59	66	73	58	71	76
Rhythm	7	4	3	8	26	7	9	5
Withdrawal	6	4	3	6	17	5	8	6
Sterilization (Self)	7	-	2	13	24	11	7	-
Sterilization (Partner)	5	1	3	8	10	7	5	1

Note: The average number of birth control methods women say they and their partners have ever used is 1.9.

Q.52b

Table 5-6

FORMS OF BIRTH CONTROL NOW USED

Base: People who are sexually active and use some form of birth control

Q.: What form or forms of birth control do you and your partner use now?

		Age				Marital Status		
Base	Total 493 %	18-24 Years 118 %	25-29 Years 107 %	30-49 Years 241 %	50-64 Years 21 %	Married 273 %	Were Married 54 %	Have Never Been Married 164 %
Pill	37	51	45	27	8	34	37	42
IUD	3	2	2	4	6	4	1	3
Diaphragm or sponge	9	3	9	14	3	11	4	7
Contraceptive foam	5	4	4	7	5	5	4	6
Condom	41	46	38	40	35	29	43	60
Rhythm	2	1	-	4	-	4	-	1
Withdrawal	2	1	2	2	3	2	-	4
Sterilization (Self)	9	-	3	16	26	13	9	1
Sterilization (Partner)	5	1	3	7	17	7	5	1

Q.32a, Q.32b

Table 5-7

COMPARISON OF BIRTH CONTROL METHODS CURRENTLY USED
TO BIRTH CONTROL METHODS EVER USED

Base: People who are sexually active and use some form of birth control

Q.: What form or forms of birth control have you and your partner ever used?

Q.: What form or forms of birth control do you and your partner use now?

	Birth Control Methods Ever Used						
	Pill	IUD	Diaphram or Sponge	Contra-ceptive Foam	Condoms	Rhythm or Natural Family Planning	With-drawal
Base	312	55*	109	98	332	35*	33*
	%	%	%	%	%	%	%
Birth Control Methods Currently used							
Pill	58	20	17	30	29	20	23
IUD	3	28	3	6	2	8	12
Diaphragm or sponge	6	16	44	11	9	15	18
Contraceptive foam	4	8	5	25	5	7	19
Condom	29	33	36	32	60	45	54
Rhythm, or natural family planning	2	7	3	6	3	27	17
Withdrawal	2	7	5	7	3	15	26

*Caution -- small base

Q.53

Table 5-8

PLACES TO OBTAIN CONTRACEPTIVES

Base: People who are sexually active and use some form of birth control

Q.: Where do you or your partner usually obtain contraceptives?

	Base		Drugstore	Family Doctor	Clinics	Other	Not Applicable/ Not Sure
Total	493	%	58	23	4	5	10
Race							
White	415	%	60	20	3	3	6
Black	46*	%	54	32	10	2	-
Hispanic	32*	%	37	35	6	11	7
Age							
18-24 years	118	%	61	22	6	5	-
25-29 years	107	%	54	28	4	4	2
30-49 years	241	%	59	21	4	2	10
50-64 years	21*	%	38	23	-	-	10
Marital Status							
Married	273	%	53	26	3	2	9
Were married	54	%	52	20	5	1	5
Have never been married	164	%	67	18	6	5	1

*Caution -- small base

Q.54

Table 5-9

PERCENT OF THOSE WHO HAVE NOT USED CONTRACEPTIVES BECAUSE OF INABILITY TO AFFORD THEM

Base: People who are sexually active and use some form of birth control

Q.: Have you ever not used contraceptives because at the time you couldn't afford to buy them or to ask the doctor for a prescription?

	Base		Yes, Couldn't Afford	No
Total	1037	%	9	89
Race				
White	887	%	8	91
Black	91	%	17	81
Hispanic	59	%	15	84
Age				
18-24 years	151	%	16	84
25-29 years	141	%	11	87
30-49 years	490	%	9	90
50-64 years	176	%	4	94
65 and over	71	%	5	94
Education				
Less than high school	117	%	13	86
High school graduate	364	%	10	89
Some college	281	%	7	93
Four year college or more	273	%	6	93
Know Someone Who Has Had an Abortion				
Yes	637	%	11	90
No	88	%	6	89

Q.55

Table 5-10

FAVOR OR OPPOSE GOVERNMENT SPENDING ON RESEARCH AND DEVELOPMENT OF NEW BIRTH CONTROL METHODS

Q.: Would you favor or oppose government spending on research and development of new and improved birth control methods?

	Base		Favor	Oppose
Total	1250	%	82	16
Race				
White	1067	%	82	16
Black	111	%	79	19
Hispanic	72	%	77	21
Age				
18-24 years	151	%	91	6
25-29 years	141	%	88	11
30-49 years	490	%	83	16
50-64 years	176	%	78	20
65 and over	71	%	70	26
Education				
Less than high school	166	%	79	18
High school graduate	451	%	81	16
Some college	315	%	84	15
Four year college or more	314	%	84	15
Marital Status				
Married	739	%	81	17
Were married	234	%	74	23
Have never been married	272	%	91	9
Party Affiliation				
Republican	427	%	80	19
Democrat	507	%	86	12
Independent	279	%	79	18
Religion				
Protestant	712	%	82	16
Catholic	343	%	82	17
Evangelical Christian	142	%	78	18

Q.56a

Table 5-11

AGREEMENT TO MAKING A NEW BIRTH CONTROL METHOD AVAILABLE IN THE UNITED STATES

Q.: A new birth control method has been developed in Europe that allows women to terminate unintended pregnancy in its first few weeks by taking a pill. Do you think this new method should be made available in the United States, or not?

	Base		Yes, Should Be Available	No, Should Not Be Available	Not Sure
Total	1250	%	59	33	8
Sex					
Male	599	%	62	30	8
Female	651	%	56	37	7
Race					
White	1067	%	58	34	8
Black	111	%	62	32	6
Hispanic	72	%	67	30	3
Education					
Less than high school	166	%	56	37	7
High school graduate	451	%	58	35	7
Some college	315	%	61	31	8
Four year college or more	314	%	66	26	9
Marital Status					
Married	739	%	57	36	8
Were married	234	%	62	31	7
Have never been married	272	%	64	30	6
Region					
East	313	%	61	31	8
South	386	%	61	31	8
Midwest	311	%	57	36	7
West	240	%	57	36	7
Size of Place					
Central city	379	%	64	29	7
Rest of metropolitan area	572	%	62	32	6
Outside of metropolitan area	299	%	50	41	10

(Continued)

Q.56a

Table 5-11 (Continued)

AGREEMENT TO MAKING A NEW BIRTH CONTROL
METHOD AVAILABLE IN THE UNITED STATES

	Base		Yes, Should Be Available	No, Should Not Be Available	Not Sure
Total	1250	%	59	33	8
Party Affiliation					
Republican	427	%	58	35	7
Democrat	507	%	65	29	6
Religion					
Protestant	712	%	59	33	8
Catholic	343	%	58	35	7
Evangelical Christian	142	%	44	49	7

Q.56b

Table 5-12

WILLINGNESS TO TRY THE
NEW BIRTH CONTROL METHOD

Base: Women

Q.: Would you be willing to try this method if necessary?

	Base		Yes, Willing to Try	No, Not Willing to Try	Not Sure
Total	651	%	37	58	5
Age					
18-24 years	83	%	39	57	4
25-29 years	77	%	32	62	6
30-49 years	264	%	41	53	6
50-64 years	125	%	32	65	3
Education					
Less than high school	91	%	35	61	4
High school graduate	264	%	34	62	4
Some college	156	%	43	50	7
Four year college or more	138	%	41	55	4
Marital Status					
Married	371	%	33	64	3
Were married	162	%	43	52	5
Have never been married	114	%	41	55	4
Region					
East	166	%	40	55	6
South	221	%	39	57	4
Midwest	153	%	51	64	4
West	111	%	34	58	4
Size of Place					
Central city	194	%	44	50	6
Rest of metropolitan area	283	%	37	59	4
Outside of metropolitan area	174	%	29	65	6
Party Affiliation					
Republican	191	%	32	62	6
Democrat	286	%	42	54	4
Independent	154	%	34	60	6

CHAPTER 6: KNOWLEDGE AND VOTING BEHAVIOR

Knowledge of Someone Who Has Had an Abortion

The 1985 Planned Parenthood/Harris survey revealed that about half of adult Americans (49%) knew someone who had had an abortion (Table 6-1). The 1988 survey found a slightly higher rate (53%).

- o There was a 6% increase among blacks and an 8% increase among Hispanics who say they know someone who has had an abortion, compared to little increase among whites (2%).
- o The survey found that almost all increases occurred among less well-educated people.

As the 1985 survey suggested, personal beliefs, as well as experience with, and exposure to, abortion affect one's attitudes about family planning and abortion. Whereas 77% of those who do not know anyone who has had an abortion favor government spending on developing new birth control methods, 86% of those who know someone who has had an abortion say they favor such spending (Table 6-2).

Voting Behavior: the Potential Impact of the Abortion Issue

The survey asked American adults whether they would vote for a candidate whose view on abortion they completely disagreed with. People opposed to abortion have a firmer political agenda than do those who are pro-choice. But there are more people who are pro-choice than who oppose abortion. In total, therefore, the proportions of the public who say they could not vote for pro-choice or anti-abortion candidates -- 9% each -- cancel each other out (Table 6-3).

Observation:

In the late 1970s, the anti-abortion candidates could attract more votes than the pro-choice candidates on the issue of abortion. In the early 1980s that position was reversed. Now neither seems to have much advantage.

Q.57

Table 6-1

PERCENTAGE WHO KNOW SOMEONE WHO HAS HAD AN ABORTION

Q.: Do you know anyone who has had an abortion, or not?

	1985			1988		
	Base	Yes, Know/ Yes, Know More Than One	No/ Do Not Know	Base	Yes, Know/ Yes, Know More Than One	No/ Do Not Know
Total	1257	49	50	1250	53	46
Race						
White	1054	50	49	1067	52	46
Black	115	42	58	111	48	51
Hispanic	85	55	45	72	63	37
Education						
Less than high school	207	29	70	166	34	65
High school graduate	432	47	52	451	54	45
Some college	286	67	32	315	62	36
Four-year college or more	328	66	34	314	69	31
Religion						
Protestant	730	47	52	712	53	46
Catholic	376	46	54	343	48	52
Party Affiliation						
Republican	401	53	45	427	54	44
Democrat	456	41	58	507	54	45
Independent	321	56	43	279	49	49
Marital Status						
Married or were married	993	46	53	973	50	49
Never married	760	62	38	272	62	36

Q.57, Q.55, Q.9

Table 6-2

RELATIONSHIP BETWEEN KNOWLEDGE OF SOMEONE WHO HAS HAD AN ABORTION AND RESPONSES TO TWO KEY QUESTIONS

Q.: Do you know anyone who has had an abortion, or not?

Q.: Would you favor or oppose government spending on research and development of new and improved birth control methods?

	Total	Yes, Know Someone	No, Do Not Know
Base	1250	714	519
	%	%	%
Favor or Oppose Government Spending on New Birth Control Research			
Favor	82	86	77
Oppose	16	13	20

Q.10(a)

Table 6-3

PERCENTAGE OF ADULTS WHO SAY THEY COULD NOT VOTE FOR CANDIDATES WHOSE VIEWS ON ABORTION THEY DISAGREED WITH - TREND SINCE 1976

(All Percentages Based on All Adults)

Q.: Now, suppose in the election this year, you found a candidate whose views you mostly agreed with. Then suppose the same candidate took a position on abortion that you disagreed with completely. Would you certainly not vote for that candidate, probably not vote for him, or would you still vote for him or her?

	1976	1979	1982	1988
Base	1250	1199	1253	1250
	%	%	%	%
Pro-choice adults who could not vote for anti-abortion candidates	15	18	18	9
Anti-abortion adults who could not vote for pro-choice candidates	18	20	11	9
Net advantage for pro-choice candidate	-3	-2	+7	-

APPENDIX A:

METHODOLOGY

This survey is based on interviews with 1,250 randomly selected adults across the country, conducted by telephone in May 1988.

Introduction to Surveys of the Public

Louis Harris and Associates' telephone surveys of the public are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions -- geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in Standard Metropolitan Statistical Areas (SMSA's) and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. First states, then counties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

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Random Digit Dialing

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Unless some method of random digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random digit dialing.

The use of a random-digit-dialing method offers other important advantages:

-- The sample is highly representative.

-- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.

-- Respondents are geographically dispersed, rather than clustered.

Sample Development For Screening The Public

Virtually all of the hundreds of national telephone surveys of the public conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single stage sample.

There are three important advantages to using an area-probability approach:

-- It allows greater stratification of the population (Harris samples have twelve strata).

-- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.

-- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in the following multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n, where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, Ψ, smaller than the skip factor, is selected. Beginning with the random number, Ψ, the sample points are then assigned according to where the numbers Ψ, $(\Psi + t/n)$, $(\Psi + 2\ t/n)$, $(\Psi + 3\ t/n)\ldots$ $(\Psi + (n\text{-}1\ t/n)$ fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSU's.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached or until a screen is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone number, i.e. a sample with an equal probability of selection method.

Stratification of Telephone Samples of the Public

The core telephone exchanges are stratified by two variables -- geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.

2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.

3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.

4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.

2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.

3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

-- A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.

-- If a business telephone is reached or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.

-- Once a residential contact is established, the interviewer uses a script to screen the household for eligibility.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a followup fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting of the Sample

The sample is weighted to the Census Bureau's latest population parameters for age, gender, race, and education. This adjusts these key variables, where necessary, to their actual proportions in the population. Only

slight weighting is necessary in Harris samples to correct for sub-group variations in telephone penetration and non-response rates.

All surveys tend to underrepresent to some extend the most disadvantaged stratum of society due to the inherent difficulty of reaching them. Weighting of data by such factors as race and education serves to correct any such underrepresentation and to assure that final results are fully projectable.

Reliability of Survey Percentages

It is important to bear in mind that the results from any sample survey are subject to sampling variation. The magnitude of this variation is measurable and is affected both by the number of interviews involved and by the level of the percentages expressed in the results.

Table A-1 shows the possible sample variation that applies to percentage results for this survey. The chances are 95 in 100 that a survey result does not vary, plus or minus, by more than the indicated number of percentage points from the result that would have been obtained if interviews had been conducted with all persons in the universe represented by the sample.

For example, if the response for a sample size of 1,500 is 30%, then in 95 cases out of 100 the response in the total population would be between 28% and 32%. Note that survey results based on subgroups of small size can be subject to large sampling error.

These errors account for sampling error only. Survey research is also susceptible to other errors, such as in data handling and in interviewer recording. The procedures followed by Louis Harris and Associates, however, keep errors of these kinds to a minimum.

Table A-1

APPROXIMATE SAMPLING TOLERANCES (AT 95% CONFIDENCE) TO USE IN EVALUATING PERCENTAGE RESULTS APPEARING IN THIS REPORT

Number of People Asked Question on Which Survey Result Is Based	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
2,000	1	2	2	2	2
1,500	2	2	2	3	3
1,000	2	2	3	3	3
900	2	3	3	3	3
800	2	3	3	3	3
700	2	3	3	4	4
600	2	3	4	4	4
500	3	4	4	4	4
400	3	4	4	5	5
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

APPENDIX B:

THE QUESTIONNAIRE

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

/ FOR OFFICE USE ONLY:
/
/ Questionnaire No.:_____
/
/_____5-6-7-8___

Study No. 884004

May 6, 1988

Sample Point No./_/_/_/_/_/_/_/_/
10-11-12-13-14-15-16

Time Started:_____A.M./P.M.

Interviewer:_____ Date:_____

Area Code:_____ Telephone No.:_____(17-26)

Hello, I'm _____ from Louis Harris and Associates, the national research firm in New York. We are conducting a survey about some of the important issues regarding family planning and population today. I want to speak with the youngest (male/female/ person) in this household who is 18 or over.

BY OBSERVATION: Sex of Respondent:

Male.....(27(____-1
Female.....____-2

1. Based on what you know, is the United States population stable, shrinking, or growing in size?

Stable.....(28(____-1
Shrinking.....____-2
Growing.....____-3
Not sure.....____-4

2. Would you estimate that the world population today is above 6 billion, between 5 and 6 billion, between 4 and 5 billion, or below 4 billion?

Above 6 billion.....(29(____-1
Between 5 and 6 billion.....____-2
Between 4 and 5 billion.....____-3
Below 4 billion.....____-4
Not sure.....____-5

3. If the world population continues growing at today's rate, how many years do you think it will take before the world's population doubles?

/__/__/ Years Not sure....(32(____-1
(30-31)

4. The world population is growing by about 90 million a year, about how much of that growth do you think is in developing countries of Asia, Africa, and Latin America -- a quarter, half, three quarters, or almost all of it?

Quarter.....(33(____-1
Half.....____-2
Three quarters.....____-3
Almost all.....____-4
Not sure.....____-5

5. Do you think it's in the United States interest to help slow population growth rate overseas, or not?

Yes, U.S. interest...(34(____-1
No, not U.S. interest....____-2
Not sure.....____-3

6. In general, do you think poor countries in Africa, Asia, and Latin America should have strong and effective birth control programs, or not?

Yes, they should.....(35(____-1
No, they should not.....____-2
Not sure.....____-3

7. If the populations of poor countries continue to grow rapidly, do you think that (READ EACH ITEM), or not?

ROTATE -- START AT "X"	Yes	No	Not Sure
( ) a. The poor countries will stay poor.....(36	____-1	____-2	____-4
( ) b. Food shortages and famine will get worse.....(37	____-1	____-2	____-4
( ) c. More countries will rely on famine relief and aid from the United States.....(38	____-1	____-2	____-4
( ) d. There will be more illegal immigrants entering the United States.....(39	____-1	____-2	____-4
( ) e. There will be more international crises.....(40	____-1	____-2	____-4
( ) f. More agricultural land will turn into desert.....(41	____-1	____-2	____-4
( ) g. The world environment will get worse.....(42	____-1	____-2	____-4

8. Do you agree or disagree with this statement -- so long as there are millions of poor people in Asia and Africa willing to work at very low wages, there will be more U.S. jobs going overseas?

Agree.....(43 ____-1
Disagree..... ____-2
Not sure..... ____-3

9. Do you think the U.S. government should give family planning aid and funding to developing countries in Africa and Asia where abortion is legal, or not?

Should.....(44 ____-1
Should not..... ____-2
Not sure..... ____-3

10. Now, suppose in the election this year, you found a candidate whose views you mostly agreed with. Then suppose the same candidate took a position on (READ EACH ITEM) that you disagreed with completely. Would you certainly not vote for that candidate, probably not vote for him, or would you still vote for him or her?

(T) ROTATE -- START AT "X"	Certainly Not Vote	Probably Not Vote	Would Vote	Not Sure
( ) a. Abortion.....(45	____-1	____-2	____-3	____-4
( ) b. Ending U.S. support to birth control programs in developing countries.....(46	____-1	____-2	____-3	____-4
( ) c. Ending government spending for research and development of new and improved birth control methods.....(47	____-1	____-2	____-3	____-4

11. How comfortable do you feel discussing sex, birth control, or abortion with your spouse or partner -- very comfortable, somewhat comfortable, not very comfortable, or not very comfortable at all?

Very comfortable.....(50(____-1
Somewhat comfortable.....____-2
Not very comfortable.....____-3
Not very comfortable at all..____-4
} (ASK Q.12)

Not applicable (vol.).....____-5 (SKIP TO Q.13)

Not sure.....____-6 (ASK Q.12)

12. If people are comfortable talking to each other about sex, do you think they are more likely or less likely to use contraceptives to prevent unwanted pregnancies or will it make no difference?

More likely.....(51(____-1
Less likely.....____-2
It will make no difference.....____-3
Not sure.....____-4

13. If people are comfortable talking to each other about sex, do you think they are more likely or less likely to use condoms to prevent the spread of AIDS, or will it make no difference?

More likely.....(52(____-1
Less likely.....____-2
It will make no difference.....____-3
Not sure.....____-4

14. If parents and their children are comfortable talking to each other about sex, do you think the children will be more likely to become, or make somebody, pregnant by mistake, less likely, or will it make no difference?

More likely.....(53(____-1
Less likely.....____-2
It will make no difference.....____-3
Not sure.....____-4

15. How many children aged 18 or younger live with you in your household?

/ / / IF "0", SKIP TO Q.23
(54-55)

Not sure....(56(____-1

16. How old are these children? MULTIPLE RECORD

0-6.....(57(____-1 (SKIP TO Q.21)

7-10.....(58(____-1
11-18.....(59(____-1 } (ASK Q.17)

19 and over.....(60(____-1
Not sure.....____-2 } (SKIP TO Q.21)

17. In general, how comfortable do you feel talking with your (child/children) about sex, birth control, and abortion -- very comfortable, somewhat comfortable, not very comfortable, or not at all comfortable?

Very comfortable.....(61(____-1
Somewhat comfortable.....____-2
Not very comfortable.....____-3
Not at all comfortable....____-4
Not sure.....____-5

18. Is your oldest child under 18 a boy or a girl?

A boy.....(62(____-1
A girl.....____-2
Refused.....____-3

19. How old is (he/she)?

7-10.....(63(____-1 (SKIP TO Q.21)

11-12.....____-2
13-14.....____-3
15-16.....____-4
17.....____-5 } (ASK Q.20)

Not sure/refused.....____-6 (SKIP TO Q.21)

20. Have you ever talked with your eldest child under 18 about each of the following topics? READ EACH ITEM

ROTATE -- START AT "X"	Yes	No	Not Applicable (Vol.)	Not Sure
( ) a. What (he/she) does when going out with a date..(64(	____-1	____-2	____-3	____-4
( ) b. Sex and pregnancy.....(65(	____-1	____-2	____-3	____-4
( ) c. Sex and infectious disease.....(66(	____-1	____-2	____-3	____-4
( ) d. Love, responsibility and commitment.....(67(	____-1	____-2	____-3	____-4
( ) e. The use of contraceptives.....(68(	____-1	____-2	____-3	____-4
( ) f. Abortion.....(69(	____-1	____-2	____-3	____-4

ASK EVERYONE

21. Do you think that the number of teenage pregnancies in the United States is a serious problem or not a serious problem?

(T)

Serious problem.....(70(____-1
Not so serious problem.....____-2
Not sure.....____-3

22. Do you think the problem of teenage pregnancy is getting better, worse, or staying the same?

Better.....(71(____-1
Worse.....____-2
The same.....____-3
Not sure.....____-4

/72-80Z/

/2*10-18Z/

23. Do you favor or oppose each of the following practices in public schools?

ROTATE -- START AT "X"	Favor	Oppose	Not Sure
( ) a. Teaching sex education.....(19(	___-1	___-2	___-3
( ) b. Making birth control information and contraceptives available in school health clinics.....(20(	___-1	___-2	___-3
( ) c. Allowing school health clinics to refer sexually active students to outside family planning clinics.....(21(	___-1	___-2	___-3

/22-49Z/

24. How old are you? IF HESITANT, READ LIST

18 to 20.....(50(___-1
21 to 24.....___-2
25 to 29.....___-3
30 to 34.....___-4
35 to 39.....___-5
40 to 49.....___-6
} (IF WOMAN, ASK Q.25 IF MAN, SKIP TO Q.26)

50 to 64.....___-7
65 and over.....___-8
Not sure/refused...___-9
} (SKIP TO Q.26)

/51-58Z/

25a. At present, which of the following provides you with birth control services? READ LIST -- MULTIPLE RECORD

Private doctors.....(59(___-1
Hospitals.....(60(___-1
Clinics.....(61(___-1
Planned Parenthood clinics..(62(___-1
} (ASK Q.25b)

Nobody/I don't use (vol.)...(63(___-1
Not sure.....___-2
} (SKIP TO Q.26)

25b. What do you like best about their services?

_____(64-65)

_____(66-67)

25c. What do you like least about their services?

_____(68-69)

_____(70-71)

ASK EVERYONE

26. Now a question about different kinds of health plans or health insurance, including those provided by the government. As I read each of the following health plans, please tell me whether or not you are covered by (READ EACH ITEM)? MULTIPLE RESPONSE

ROTATE -- START AT "X"	Covered	Not Covered	Not Sure
( ) a. Health insurance through your or someone else's work or union	(72(____-1	____-2	____-3
( ) b. Health insurance bought directly by yourself or your family	(73(____-1	____-2	____-3
( ) c. Medicare, a government plan that pays health care bills for people aged 65 and over and for some disabled people	(74(____-1	____-2	____-3
( ) d. Medicaid, or Public Aid	(75(____-1	____-2	____-3
( ) e. Health insurance through some other group	(76(____-1	____-2	____-3

77-80Z

IF ANY "X" IN BOX (Q.26), ASK Q.27. THOSE WITH NO "X" IN BOX, SKIP TO Q.31.

27. Does your insurance cover birth control, or not?

Yes, covers it.....3*(10(____-1
No, doesn't cover it.....____-2
Don't know.....____-3

28. Does your insurance pay for abortions, or not?

Yes, pays.....(11(____-1
No, doesn't pay.....____-2
Don't know.....____-3

/12Z/

29. Are you sexually active, or not?

Yes, sexually active.....(13(____-1 (SKIP TO Q.31)

No, not sexually active.....____-2
Not sure.....____-3
Refused.....____-4
} (ASK Q.30)

30. Have you been involved in any kind of sexual relationship in the last 3 years, or haven't you?

Have been involved.....(14(____-1 (ASK Q.31)

Have not been involved.....____-2
Not sure.....____-3
Refused.....____-4
} (SKIP TO Q.36)

31. Do you normally use some form of contraceptive or birth control, or not?

Yes, use.....(15(____-1 (ASK Q.32)

No, do not use.....____-2
Not sure.....____-3
Refused.....____-5
} (SKIP TO Q.35)

32a. What form or forms of birth control have you and your partner ever used?
READ LIST IF NECESSARY -- MULTIPLE RECORD

32b. What form or forms of birth control do you and your partner use now?
READ LIST IF NECESSARY -- MULTIPLE RECORD

ROTATE -- START AT "X"	Q.32a Have Used	Q.32b Use
( ) a. Pill	(16(____-1	(25(____-1
( ) b. IUD	(17(____-1	(26(____-1
( ) c. Diaphragm or sponge	(18(____-1	(27(____-1
( ) d. Contraceptive foam	(19(____-1	(28(____-1
( ) e. Condom	(20(____-1	(29(____-1
( ) f. Rhythm, or natural family planning	(21(____-1	(30(____-1
( ) g. Withdrawal	(22(____-1	(31(____-1
( ) h. Sterilization -- self	(23(____-1	(32(____-1
( ) i. Sterilization -- partner	(24(____-1	(33(____-1
Not sure	____-2	____-2
Refused	____-3	____-3

33. Where do you or your partner usually obtain contraceptives?
DO NOT READ LIST -- SINGLE RECORD

Family doctor.....(34(____-1
Family planning clinics.....____-2
Drugstore.....____-3
Other (SPECIFY):

_____..____-4
Not sure.....____-5
Refused.....____-6

34. Have you ever not used contraceptives because at the time you couldn't afford to buy them or to ask the doctor for a prescription?

Yes, couldn't afford.....(35(____-1
No.....____-2
Not sure.....____-3
Refused.....____-4

ASK EVERYONE
35. Would you favor or oppose government spending on research and development of new and improved birth control methods?

Favor.....(36(____-1
Oppose.....____-2
Not sure.....____-3

36a. A new birth control method has been developed in Europe that allows women to terminate unwanted pregnancy in its first few weeks by taking a pill. Do you think this new method should be made available in the United States, or not?

Yes, should be available.....(37(____-1
No, should not be available.....____-2
Not sure.....____-3

ASK ALL WOMEN
36b. Would you be willing to try this method if necessary?

Yes, willing to try.....(38(____-1
No, not willing to try.....____-2
Not sure.....____-3

ASK EVERYONE
37. Do you know anyone who has had an abortion, or not?

(T)

Yes, know.....(39(____-1
Yes, know more than one (vol.).....____-2
No, do not know.....____-3
Not sure.....____-4

F1. When you vote, do you usually vote Republican or Democrat?

Republican.....(40(____-1
Democrat.....____-2
Both equally (vol.)....____-3
Neither/don't vote.....____-4
Not sure.....____-5

F2. Do you remember if you voted in the last Congressional elections in November 1986, or not?

Yes, voted.....(41(____-1
No, dod not vote.....____-2
Can't remember/not sure.....____-3

F3. Are you married, separated, divorced, widowed, or have you never been married?

Married.....(42(____-1
Separated.....____-2
Divorced.....____-3
Widowed.....____-4
Never been married.....____-5
Not sure.....____-6
Refused.....____-7

F4. What was the last grade or level of school you have completed?

No formal schooling.....(43(____-1
First through 7th grade.....____-2
8th grade.....____-3
Some high school.....____-4
High school graduate.....____-5
Some college.....____-6
Two-year college graduate.....____-7
Four-year college graduate.....____-8
Post graduate (grade 17 and over).....____-9
Trade/technical/vocational after high school*.....XXXXXX (PROBE FOR FORMAL SCHOOLING)
Not sure.....____-0

F5. Which of the following income categories best describes your total 1987 household income? Was it (READ LIST)?

$7,500 or less.....(44(____-1
$7,501 to $15,000.....____-2
$15,001 to $25,000.....____-3
$25,001 to $35,000.....____-4
$35,001 to $50,000.....____-5
$50,001 to $75,000.....____-6
$75,001-$100,000.....____-7
$100,001 or over.....____-8
Not sure.....____-0
Refused.....(45(____-1

INTERVIEWER: TOTAL HOUSEHOLD INCOME BEFORE TAXES FROM ALL SOURCES -- IF UNSURE OF 1987 INCOME, PROBE FOR ESTIMATE

F6a. With which religious group do you identify? Would you describe yourself as Protestant, Catholic, Jewish, or what?

Protestant.....(46(____-1 (ASK Q.F6b)

Catholic.....____-2
Jewish.....____-3
Other (SPECIFY):
_____..____-4
None (vol.).....____-5
Not sure.....____-6
(SKIP TO Q.F7)

INTERVIEWER NOTE:

CODE AS "PROTESTANT"
- Baptist
- "Born-Again"
- "Christian" (UNSPEC.)
- Church of Christ
- Congregational
- Episcopalian
- "Fundamentalist"
- Latter-Day Saint/Mormon
- Lutheran
- Methodist
- Pentecostal
- Presbyterian
- Unitarian

CODE AS "OTHER" AND SPECIFY:
- Christian Scientist
- Greek/Russian Orthodox
- Jehovah's Witness
- 7th Day Adventist

F6b. Do you belong to or attend in person, watch on television, listen on radio, or receive literature from any evangelical church or preacher? MULTIPLE RECORD

Belong to/attend in person...(47(____-1
Watch on television.....(48(____-1
Listen on radio.....(49(____-1
Receive literature.....(50(____-1
Do not do these things.....(51(____-1
Not sure.....____-2

F7. Are you of Hispanic origin or descent, or not?

Yes, of Hispanic origin.....(52(____-1
No, not of Hispanic origin.....____-2
Not sure.....____-3

F8. Do you consider yourself white, black, Asian, or what?

White.....(53(____-1
Black.....____-2
Asian or Pacific Islander.....____-3
American Indian or Alaskan native...____-4
Not sure.....____-5 54-80Z

That completes the interview. Thank you very much for your cooperation!

Time Ended:_____A.M./P.M.

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